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I hereby certify under 37 C.F.R. § 1.10 that this correspondence is being deposited with the United States Postal Service as "Express Mail Post Office to Addressee" with sufficient postage on the date indicated above and is addressed to: BOX PATENT APPLICATION, Assistant Commissioner for Patents, Washington, D.C. 20231.

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UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 C.F.R. § 1.53(b)

Attorney Docket Number	06132/043002
Applicants	Harold Kleanthous, Amal Al-Garawi, Charles Miller, Jean-Francois Tomb, Raymond P. Oomen
Title	Identification of Polynucleotides Encoding Novel Helicobacter Polypeptides in the Helicobacter Genome

PRIORITY INFORMATION:

This application is a continuation of and claims priority from United States patent application 08/881,227, filed June 24, 1997.

SMALL ENTITY STATUS:

Applicant claims small entity status under 37 C.F.R. § 1.27.

APPLICATION ELEMENTS:

Cover sheet	1 page
Specification	54 pages
Claims	10 pages
Abstract	1 page
Drawing	0 sheets
Combined Declaration and POA, which is: <input type="checkbox"/> Unsigned; <input type="checkbox"/> Newly signed for this application; <input checked="" type="checkbox"/> A copy from prior application 08/881,227 and the entire disclosure of the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein.	12 pages
Sequence Statement	2 pages
Sequence Listing on Paper	424 pages
Sequence Listing on Diskette	1 disk

Small Entity Statement, which is: <input type="checkbox"/> A copy from prior application [**SERIAL NUMBER**] and such small entity status is still proper and desired.	0 pages
Preliminary Amendment	0 pages
IDS	0 pages
Form PTO 1449	0 pages
Cited References	0 references
Recordation Form Cover Sheet and Assignment	0 pages
English Translation	0 pages
Certified Copy of Priority Document	0 pages
Return Receipt Postcard	1
FILING FEES:	
Basic Filing Fee: \$710	\$710.00
Excess Claims Fee: 38 - 20 x \$18	\$324.00
Excess Independent Claims Fee: 3 - 3 x \$80/\$40	\$0.00
Multiple Dependent Claims Fee: \$270/\$135	\$0.00
Total Fees:	\$1034.00
<input checked="" type="checkbox"/> Enclosed is a check for \$1,034.00 to cover the total fees. <input type="checkbox"/> Charge [**AMOUNT**] to Deposit Account No. 03-2095 to cover the total fees. <input type="checkbox"/> The filing fee is not being paid at this time. <input checked="" type="checkbox"/> Please apply any other charges, or any credits, to Deposit Account No. 03-2095.	
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<u><i>Susan M. Michaud</i></u> Signature	<u><i>June 29, 2001</i></u> Date